



# KANSAS DEPARTMENT OF CORRECTIONS

	<b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	<b>SECTION NUMBER</b>  <b>10-119</b>	<b>PAGE NUMBER</b>  <b>1 of 7</b>
		<b>SUBJECT:</b>  <b>PROGRAMS AND SERVICES: Medical and Religious Diets and Vegetarian Alternative Diet</b>	
<b>Approved By:</b>   <b>Secretary of Corrections</b>		<b>Original Date Issued:</b>	<b>04-15-92</b>
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## POLICY

Inmates at any facility within the Department of Corrections may receive or refuse medical and/or dental diets. (ACI 4-4317, 4-4318, 4-4316, NCCHC P-F-02)

All modified diets shall be consistent with instructions developed and authorized by a registered dietician and in accordance with the provisions of IMPP 10-106.

The facility health authority shall be responsible for determining an individual inmate's medical need for a diet that deviates from the standardized menu. Such a medical diet shall be provided only upon prescription by the facility health authority.

Nutrition and medical diets are provided that enhance inmate health and are modified when necessary to meet specific requirements related to clinical conditions.

Inmates approved for modified diets shall be identified through the use of a two- or three-character alphabetical or alphanumeric code enclosed in a black bordered box on the front of their inmate identification badges. Implementation procedures shall be specified in facility General Orders.

## DEFINITIONS

Chronic care clinic: That portion of medical services in the facility that treats chronic illnesses by use of preventive medical care, monitoring the patient's condition, and educational efforts.

Departmental Health Authority: The medical director of the agency or organization responsible for the provision of health care services for the Kansas Department of Corrections.

Facility health authority: The physician or health administrator responsible for the provision of health care services at a facility. The facility health authority works under direction of the Departmental Health Authority.

Medical diet: A diet with certain specific items included or excluded as prescribed by medical or dental personnel for medical purposes.

Modified Diets: Diets most commonly prescribed to meet inmates' medical, dental, therapeutic or religious needs, developed from written instructions provided by the treating physician, dentist, facility health authority, and/or chaplain and which conform as closely as possible to the standardized menu. More specific modified diets are prescribed as individualized diets.

Religious diet: A diet based on a program intended to comply with religious dietary requirements.

Vegetarian Alternative Diet: A diet approved by a registered dietitian, that contains a meal pattern consisting of nuts, vegetables, fruits, legumes, grains, eggs and milk products.

## **PROCEDURES**

### **I. Medical Modified Diets**

- A. The Departmental Health Authority shall be responsible for determining the types of medical diets to be made available to inmates.
1. Unless a facility obtains its food service from another governmental agency, all medical diets prescribed shall be consistent with the standardized menu modified diets and:
    - a. Be specific;
    - b. Be kept as simple as possible;
    - c. Conform as closely as possible to foods served other inmates; and,
    - d. Meet the medical needs of the inmate.
  2. In those instances when food service is obtained from another governmental agency, the facility shall accommodate the need for a medical diet to the extent possible within the menu plan of the providing agency.
  3. Before a medical diet prescribed by the facility health authority goes into effect, the inmate shall sign a Consent to Submit to Treatment by Medical Diet form (Attachment A, form #010-119-001). (ACI 4-4397, NCCHC P-I-05)
    - a. The medical diet shall begin not later than twenty-four (24) hours after the execution of the consent form.
    - b. The effective period of the medical diet shall be specifically set out in the consent form by the facility health authority or designee and shall be documented in the inmate's medical record in accordance with this IMPP.
      - (1) The effective period of the medical diet shall not exceed 90 days.
  4. When a medical diet is prescribed for an inmate, the facility health authority shall, within twenty-four (24) hours, provide written notification to the facility's chief of security (or warden's designee) and food service manager.
    - a. Such notification shall specify the type of modified diet prescribed and its duration.
- B. Any deviation from the standard modified medical diets must be approved by the Regional Medical Director.

### **II. Religious Modified Diets**

- A. The chaplain shall be responsible to approve inmate requests for modified diets to comply with religious dietary laws and shall maintain a current list of inmates approved to receive such modified diets. (ACO 2-5E-01; ACI 4-4319)
- B. Unless a facility obtains its food service from another governmental agency, all religious diets shall be consistent with the approved religious diet menu.
1. In those instances when food is obtained from another governmental agency, the facility shall accommodate the inmate's request for a religious diet to the extent possible within the menu plan of the providing agency.

- C. Inmate requests for a religious diet shall be made via Form 9 to the chaplain.
1. Approval of the request shall be based on the inmate's declaration that he/she wishes to eat from the modified diet.
  2. Each inmate wishing to follow a religious diet shall sign a statement to that effect.  
(ACI 3-4372)
  3. Each inmate requesting a religious diet shall be advised that failure to adhere to the modified diet may result in the inmate's removal from the modified diet program. Failure to adhere to the modified diet shall include taking a meal tray from or eating items from the standardized menu, or any menu other than that of the religious diet.

### **III. Vegetarian Alternative Diet**

- A. The Chaplain, or other staff person designated by the Warden, shall be responsible to process and allow inmate requests for the vegetarian alternative diet and shall maintain a current list of inmates approved to receive the vegetarian alternative diet.
- B. Inmate requests for the vegetarian alternative diet shall be made via Form 9 to the chaplain or other designated staff.
1. Approval of the request shall be based on the inmate's declaration that he/she wishes to eat the vegetarian alternative diet.
  2. Each inmate requesting the vegetarian alternative diet shall be advised that failure to adhere to the vegetarian alternative diet may result in the inmate's removal from the vegetarian alternative diet. Failure to adhere to the vegetarian alternative diet shall include taking a meal tray from or eating items from the standardized menu, the religious diet menu, or any menu other than that of the vegetarian alternative diet.
  3. Inmates approved for the vegetarian alternative diet shall be served the vegetarian alternative diet prepared by food service at each meal.

### **IV. Implementation Procedures**

- A. Inmates approved for a modified diet for medical or religious reasons shall be served the modified diet prepared by food service at each meal.
1. Such inmates shall not have the option of eating from the regular menu during the period the individual is placed on the modified diet list unless and until that inmate executes a refusal of medical treatment pursuant to Section V. of this IMPP, or submits a request to the chaplain regarding a desire to terminate the modified diet for religious reasons.
    - a. Inmates who are removed or who elect to withdraw from the modified diet for religious reasons must wait ninety (90) days before requesting readmission to the modified diet.
    - b. The third (3<sup>rd</sup>) time a given inmate is removed or elects to withdraw from the modified diet for religious reasons, the inmate must wait six (6) months before requesting readmission to the modified diet.
    - c. The fourth (4<sup>th</sup>) time a given inmate is removed or elects to withdraw from the modified diet for religious reasons, the inmate must wait one (1) year before requesting readmission to the modified diet.
- B. Within 24 hours of receiving a list of inmates approved for modified diet from the facility health authority or chaplain or for the vegetarian alternative diet from the chaplain or other designated staff, the food service manager shall forward a copy of the list to the chief of

security or his/her designee to facilitate preparation or modification of the inmate's I.D. badge to reflect a modified diet or vegetarian alternative diet.

1. Inmates who have been placed on a medical diet and have consented to that item of medical treatment, a religious diet, or a vegetarian alternative diet shall be identified by a coded printed dietary symbol on the inmate's identification badge.
2. Inmates shall be served the diet indicated on the identification badge.

C. Facility general orders shall establish procedures for:

1. The coding of inmate I.D. badges, including responsibilities for the initial issuance of the coded identification badges;
2. Notification to the chief of security (or warden's designee) and the food service manager, within a 24-hour period, of all modified diets for medical or religious purposes or for purposes of a vegetarian alternative diet;
3. Preparation of the type of diet for each inmate, a beginning date and/or meal, and a termination date, if known; ,
4. Process for the removal of an inmate from a modified or alternative diet and for communicating that removal to applicable facility staff and/or chaplain;
5. Process for communicating and/or ensuring that medical diet designations follow the inmate when transferred to a different facility; and,
6. The method of serving such meals to inmates, if special service or assistance is required due to the inmate's condition.

D. Facility general orders shall establish procedures that ensure that the chief of security or designee:

1. Receives lists of inmates' names that require a coded-symbol to designate a modified diet for medical or religious preference purposes or for a vegetarian alternative diet;
2. Ensures the timely contact with inmates to issue identification badges bearing the appropriate coded symbol prior to the beginning date/meal indicated, per written instructions from the facility health authority, chaplain, or other designated staff; and,
3. Ensures the reissue of inmate identification cards within twenty-four (24) hours of the notification by the facility health authority, chaplain, or other designated staff to terminate an inmate's medical or religious diet or vegetarian alternative diet.
  - a. Receives lists of inmates' names which require a coded symbol to designate a religious preference requiring a modified diet.
    - (1) The contact with inmates for religious preference indicators should be made within twenty-four (24) hours of the written notification by the facility chaplain.

E. The following codes shall be used for medical, religious, and vegetarian alternative diets.

1. Medical diets shall always be identified by a two- or three-character alphanumeric code enclosed in a black bordered box on the front of the inmate identification badge.
  - a. Cardiovascular – CA

- b. Diabetic 2500 calories (3 meals + bedtime snack) – D25
- c. Diabetic 2300 calories (3 meals + bedtime snack) – D23
- d. Diabetic 1800 calories (3 meals + bedtime snack) – D18
- e. Pregnancy – PR
- f. GI Soft/Bland – SO GI
- g. Dental Soft – SO D
- h. High Fiber - HF
- i. High Protein / High Calorie (includes bedtime snack) – HP
- j. High Protein/ High Calorie (includes bedtime snack) Vegetarian – HP VE
- k. Renal diet I – RD1 (Pre-Dialysis)
- l. Renal diet II – RD2 (Dialysis)
- m. Cardiovascular Vegetarian – CA VE
- n. Cardiovascular Religious – CA REL
- o. Cardiovascular Diabetic/2500 – D25 CA
- p. Cardiovascular Diabetic/2300 – D23 CA
- q. Cardiovascular Diabetic/1800 – D18 CA
- r. Diabetic/2500 Vegetarian – D25 VE
- s. Diabetic/2300 Vegetarian – D23 VE
- t. Diabetic/1800 Vegetarian – D18 VE
- u. Pregnancy Vegetarian – PR VE
- v. Diabetic/ 2500 Religious – D 25 REL
- w. Diabetic/2300 Religious – D23 REL
- x. Diabetic/1800 Religious – D18 REL
- y. Full Liquid (Broken Jaw) Diet - FL
- z. Clear Liquid Diet (3 to 4 day maximum duration) - CL
- aa. Severe Food Allergy Diet – SFA
- bb. Milk Intolerance Diet – MI
- cc. Finger Food Diet – FF
- dd. Gluten Restricted Diet – GR
- ee. Hospice - HO

2. Religious diets shall always be identified by the three character alphabetical code "REL" enclosed in a black bordered box on the front of the inmate identification badge:
  3. A vegetarian alternative diet shall always be identified by the two character alphabetical code "VE" enclosed in a black bordered box on the front of the inmate identification badge.
- F. When an inmate ID badge with a printed dietary symbol is initially issued or reissued, the inmate's previous badge shall be retrieved from the inmate and either destroyed or maintained in a secure area for possible reissue/reuse at a later time. Procedures for the issuance, retrieval, and disposition of retrieved badges shall be established by facility general order.

**V. Refusal of Treatment by Medical Diet**

- A. Each inmate shall have the right to refuse a medical diet as an item of medical treatment pursuant to IMPP 10-127.
- B. In the event an inmate elects not to consent to the medical diet, the inmate shall be asked to execute a Refusal to Submit to Treatment by Medical Diet Form (Attachment B, Form #10-119-002).
  1. If the inmate refuses to sign, staff shall write "Refused to Sign" in the inmate's signature block; the staff member making such a notation shall sign the form as a witness to the inmate's decision.
  2. The refusal form, signed or unsigned by the inmate, shall be filed in the inmate's medical file.
- C. The refusal shall become effective not later than twenty-four (24) hours after the inmate executes the refusal form.
  1. In the event an inmate has previously executed a consent form and is partaking of a medical diet, the inmate shall be required to continue with the medical diet for twenty-four (24) hours after the inmate's execution of the refusal form.
  2. The facility health authority shall provide immediate written notification to the facility chief of security and the food service manager to:
    - a. Ensure the removal of the inmate's name from the food service Department's list of medical diets.
- D. If an inmate refuses medical treatment by medical diet for any condition, such refusal shall not waive the right to other medical care for the same condition, and the inmate shall continue to be entitled to such necessary medical care, including medication or otherwise, unless a Refusal of Treatment form, pursuant to IMPP 10-127, is executed by the inmate.
- E. If an inmate refuses medical treatment by medical diet, food service staff shall be informed of the inmate's refusal, pursuant to procedures established by facility general order.
- F. If an inmate refuses medical treatment by medical diet and executes a refusal form pursuant to section V.B. above, the inmate shall be bound by that refusal form and that decision until the next examination by the facility health authority who recommended the medical diet.
- G. If an inmate indicates the intent to refuse treatment by medical diet, the facility health authority or designee shall counsel the inmate about the consequences of refusing the medical diet and shall explain to the inmate that other medical care may or will be less effective without the medical diet.

1. In the discretion of the facility health authority or designee, if it appears that mental health counseling would assist the inmate in the decision about the medical diet, the health authority or staff may refer the inmate for mental health counseling in accordance with the Departmental Health Authority's mental health procedures.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

#### **REPORTS REQUIRED**

None.

#### **REFERENCES**

K.S.A. 65-28,101, et seq.  
IMPP 10-106, 10-122, 10-127  
ACI 4-4319, 4-4316, 4-4317, 4-4318, 4-4397  
NCCHC P-F-02, P-I-05  
BOP OM 4700

#### **ATTACHMENTS**

Attachment A - Consent to Submit to Treatment by Medical Diet, 1 page  
Attachment B - Refusal to Submit to Treatment by Medical Diet, 1 page

**CONSENT TO SUBMIT TO TREATMENT BY MEDICAL DIET**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_, \_\_\_\_\_.M.

I have been advised by Dr. \_\_\_\_\_ that it is necessary for me to undergo medical treatment by medical diet for the condition of \_\_\_\_\_ during the time period from \_\_\_\_\_ to \_\_\_\_\_.

I understand that this medical diet will not go into effect for twenty-four (24) hours from the time I sign this consent form.

The effect and nature of this treatment have been explained to me. Further, I have been advised that my refusal of this medical care by medical diet will not cause me to waive other medical care for the above identified condition.

I hereby agree and consent to the medical diet prescribed, and hereby agree, by my signature below, to follow said medical diet, and to select said special diet at mealtime in lieu of regular menu meals. I reserve the right to refuse further medical treatment or surgical treatment for said condition without further consent.

\_\_\_\_\_  
Inmate

KDOC #: \_\_\_\_\_

WITNESS: \_\_\_\_\_



**REFUSAL TO SUBMIT TO TREATMENT BY MEDICAL DIET**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_, \_\_\_\_\_ .M.

I have been advised by Dr. \_\_\_\_\_ that it is necessary for me to undergo medical treatment by medical diet for the condition of \_\_\_\_\_, during the time period from \_\_\_\_\_ to \_\_\_\_\_.

The effect and nature of this treatment have been explained to me. Further, I have been advised that my refusal of this medical care by medical diet does not constitute a waiver of other medical care or treatment for the above identified condition.

Although my failure to follow the advice I have received may seriously imperil my life or health, and although I have been counseled about the potential decreased effectiveness of other medical care for this condition in the absence of this medical diet, I nevertheless refuse to submit to the recommended treatment of a medical diet for the condition stated. I assume the risks and consequences involved and release the above named physician, the \_\_\_\_\_, the Kansas Department  
(Name of Facility)  
of Corrections, the Kansas Department of Corrections' Health Care Provider, and their agents and employees from any liability.

I have been informed and hereby acknowledge that I understand that this refusal does not go into effect for twenty-four (24) hours from the time I sign this form. If I have previously consented to a medical diet, I must continue to follow that diet for twenty-four (24) more hours. I have been informed and further acknowledge that I understand that I shall be bound by the refusal of treatment by medical diet until the next scheduled examination by the health authority who recommended the medical diet.

\_\_\_\_\_  
Inmate

KDOC #: \_\_\_\_\_

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_